Exhibit C

PR	OOF OF CLAIM				
Name of Debtor Case N	lumber				
	-10725 (LBR) RECTI APR 0 9 2007				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	Check box if you are aware that anjons else has filed a proof of claim relating				
Name of Creditor and Address RHODA DYBVIG SCHAEFER REVOCABLE LIVING TRUST DATED 7/29/02 C/O RHODA DYBVIG SCHAEFER TRUSTEE 678 SKYLINE ROAD HENDERSON NV 89002	to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address on the envelope sent to you by the				
Creditor Telephone Number (1702) - 997 - 4706	court THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies debtor 2874.	Check here if this claim or afnends a previously filed claim dated 16-01-06				
Goods sold Personal injury/wrongful death Services performed Taxes Last fo	benefits as defined in 11 U S C § 1114(a) is, salanes, and compensation (fill out below) or digits of your SS # compensation for services performed from (dete) Unremitted principal Other claims against services (not for loan belences)				
2 DATE DEBT WAS INCURRED 3 IF	COURT JUDGMENT, DATE OBTAINED				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best dee See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 50.500.00 Check this box if a) there is no collectral or lien securing your claim or b) your claim is exceede the value of the property securing it or if c) none or only part of your claim is entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to pnority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)*, earned within 180 days before filling of the bankruptoy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 5u/(a)(5)	SECURED CLAIM Check this box if your claim is secured by collateral (including				
5 TOTAL AMOUNT OF CLAIM \$ 50,500.00 \$	with respect to adjustment on 41107 and every 3 years thereefter with respect to assess commenced on or after the date of ediustment \$ \$50,500,00				
(unsecured) (secured) (phonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain. If the documents are voluminous attach a summary. 8 DATE-STAMPED COPY To receive an acknowledgment of the fitting of your claim, explose a stamped self-addressed envelope and copy of this proof of claim.					
BMC Group	ons, Joint ventures, trusts and OOR OVERNIGHT DELIVERY TO OUP APR 0 9 2007				
P O Box 911, 1330 Ea	ACM Clargs Docketing Center st Franklin Avenue ndo, CA 90245 USA CMC				
DATE APRIL 6, 2007 SIGN and print the name and title, if any of the creditor this claim (attach copy of power of attorney if any Rhade Sudana Rhade)	or other person suthonzed to file ####################################				

PROOF OF CLAIM					
Name of Debtor	Case Number BK-S-				
	06-107	725, 06-10726 727, 06-10728			
NOTE: See Reverse for List of Debtors and Case Numbers	06 10	/29			
This form should not be used to make a claim for an administrative expe ansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	ofan	Check box if you are aware that anyone else has filed a proof of claim relating			
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	1 4)		
11321241001604		Check box if you have			
RONALD G GARDNER TRUST		never received any notices			
C/O RONALD G GARDNER TRUSTEE 430 BAVARIAN DR		from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT		
CARSON CITY NV 89705 7010	Ì	Check box if this address	ONE OF THE DEBTORS		
	ŀ	differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptoy Court or BMC you do not need to file again		
Creditor Telephone Number ()		courl.	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies d	debtor	Check here replace	COS		
		if this claim amer	a previously filed claim dated ide		
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a) Unremitted principal		
Goods sold Personal injury/wrongful death	Wages s	alanes and compensation (fill out below) Other claims against servicer		
Services performed Taxes		digits of your SS #	(not for loan balances)		
Money loaned XX Other (describe briefly) (See Attached)	Unpaid or	ompensation for services pe			
2 DATE DEBT WAS INCURRED	3 IF CO	OURT JUDGMENT, DATE O	(date) (date)		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		·			
See reverse aide for important explanations		SECURED CLAIM (See Attached)		
UNSECURED NONPRIORITY CLAIM \$	war dam		our claim is secured by collateral (including		
exceeds the value of the property securing it or if c) none or only part of your claim is a right of setoff)					
entried to priority UNSECURED PRIORITY CLAIM		Brief description of			
Check this box if you have an unsecured claim all or part of which is					
entitled to priority Value of Collateral \$			·		
Amount entitled to priority \$		Amount of arrearage a secured claim, if any	nd other charges <u>at time case filed</u> included in S		
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	,	<u> </u>			
Wages salaries or commissions (up to \$10,000)* earned within 180 days	. .		ard purchase lease or rental of property or or household use -11 U S C § 507(a)(7)		
before filing of the bankrupicy petrion or cessation of the debtor's		Taxes or penalties owed to go	overnmental units 11 U S C § 507(a)(8)		
business whichever is earlier 11 USC § 507(a)(4) Contributions to an employee benefit plan 11 USC § 507(a)(5)			regraph of 11 USC § 507(a) ()		
			istment on 4/1/07 and every 3 years thereafter noad on or after the date of adjustment		
▼	0,000	\$	\$ 50,000		
AT TIME CASE FILED (unsecured)	•	ecured)	(pnonty) (Total)		
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	emized statement of all interest or additional charges		
6 CREDITS The amount of all payments on this claim has been cred					
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices, itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL. DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary.					
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and					
governmental units)					
BY MAIL TO BMC Group					
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center 1330 East Franklin Avenue					
El Segundo CA 90245-0911		do CA 90245	USA CMC		
DATE SIGN and print the name and trile, if any of the thirs claim (greach copy of provide of attorn	mely if any)	guier person authorized to file	MINIMUM MINIMU		

Forms Softwere Only	
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FORM B10 (Official Form 10) (04/05)				
United States Bankruptcy Cour District of Nevada	PROOF OF CLAIM			
Name of Debtor	Case Number RECEIVED	ND FILED		
USA COMMERCIAL MORTGAGE COMPANY	06-10725 LBR			
NOTE This form should not be used to make a claim for an administrative expense aricase A 'request" for payment of an administrative expense may be filled pursuant to 11	ung after the commencement of the USC \$ 503 700 NOV -	P 12: 59		
Name of Creditor (The person or other entity to whom the debtor owes	Check box if you are aware	TOV COURT		
money or property)	inst anyone dise Sas Blocks ** 1 1 1 proof of claim relating to your	r CLERK		
Ruby Simon 8728 Castle View Ave.	claim Attach copy of	, , , , , , , , , , , , , , , , , , , ,		
Las Vegas, NV 89129-7680	statement giving particulars Check box if you have never			
Name and address where notices should be sent	received any notices from the bankruptcy court in this case			
Ruby Simon	Check box if the address			
8728 Castle View Ave.	differs from the address on the envelope sent to you by the			
Las Vegas, NV 89129-7680	court			
Telephone Number	Check here if this claim replac	THIS SPACE IS FOR COURT USE ONLY		
Account or other number by which creditor identifies debtor 1012	filed claim, dated	es [] amends a previously		
1 Basis for Claim	Returce benefits as defined in 1	1718C #1114(a)		
Goods sold Scrvices performed	Wages, salaries, and compense			
Money loaned	Last four digits of SS#			
Taxes	Unpaid compensation for service from to	vices performed		
Cother	(date)	(date)		
2 Date debt was incurred 4/2/04	3 If court judgment, date obtain	ned		
	56,000_00 \$ (priorit	\$		
(unsecuted) If all or part of your claim is secured or entitled to priority, also complete Check this box if claim includes interest or other charges in addition to the interest or additional charges.	Item 5 or 7 below			
5 Secured Claim	7 Unsecured Priority Claim Check this box if you have an			
Check this box if your claim is secured by collateral (including a right of setoff)	Amount entitled to priority \$	misecured priority ciami		
Brief description of collateral	Specify the priority of the claim			
Real Estate	Wages salaries or commission days before filing of the bankra	is (up to \$10 000),* carned within 180		
	debtor a business, whichever is	earlier - 11 U S C § 507(a)(3)		
Value of Collateral \$ unknown	Contributions to an employee b Up to \$2,225° of deposits tows			
Amount of arrearage and other charges at time case filed included in	property or services for persons			
secured claim, if any \$	U S C § 507(a)(6) Ahmony maintenance, or supp	ort owed to a spouse, former spouse		
6 Unsecured NonPriority Claim \$	or child - 11 U S C § 507(a)(7) Taxes or penalties owed to gove			
Check this box if a) there is no collateral or lien securing your	507(a)(8)			
claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	Other Specify applicable para, "Amounts are subject to adjustment on 4/1/07 on communed on or after the date of adjustment S1/ after 4/2005 Pub L. 109-8	d every 3 years thereafter with respect to centes		
8 Credits The amount of all payments on this claim has been credited and		THIS SPACE IS FOR		
making this proof of claim.	e manmissioner motor missibase	COURT USE ONLY		
9 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security				
agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the				
documents are not available, explain If the documents are voluminous, attach a summary 10 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-				
addressed envelope and copy of this proof of claim				
Date Sign and print the name and title, if any, of the creditor or other person authorized to				
file this claim (attach copy of power of attorney, if a	ny)	1104 5445		
11100 A Dim- K.S.	mon	USA CMC . ####################################		
Penalty for presenting fraudulent claim Fine of up to \$500,000 or imp	recomment for up to 5 years or both	'		

	PROOF OF CLAIM						
Name of Debtor		Case Number					
USA Commercial Morts	jage Company	06-10725-LBR					
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Creditor Telephone Number (74)			court.		THIS SPA	CE IS FOR COU	RT USE ONLY
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· · · · · · · · · · · · · · · · · · ·	Taxes		digits of your SS#		2/4/	-	•
Money baned	Other (describe beefly)	Unpaid c	ompensation for se	rvices pe	formed from	04-02-0% (date)	06-30-06 (cinto)
2. DATE DEBT WAS INCURRED	<u> </u>	3.FC	OURT JUDGMENT,	DATE O	STAINED.	(Case)	(June)
	Check the appropriate box or boxes that					the type case filed	V-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
See reverse ade for important explication of the company of the co			SECURED CL	ARE			
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	y securing it, or if c) none or only part of yo		a nght of a	•			
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entitled to priority	s 3484.61		Value of C	Colleteral	\$ 100	0,000.00	_
	\$ <u>9787.0/</u>		Amount of arre	earage an	d other charge:	s at time case file	d included in
Specify the priority of the claim Domestic support obligations und	ter 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	F-1	L				
1	(up to \$10,000)* earned within 180 days	L		points town it, family o	rd purchase, laar r household use -	ne, or residal of proper 411 U.S.C 🛔 507(a)(7	rty or /}
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			Amounts are estye gees to coop	ict to adjus g.commen	iment on 4/1/07 s oud on or effectiv	and every 3 years the e delp of adjustment	weeller
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FRED	\$ 3484.101 5		\$			5 348	
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6 CREDITS The amount of all p	syments on this claim has been cred	fied and de	educted for the purp	ose of m	along the proof	of claim.	
7. SUPPORTING DOCUMENT	TS: <u>Atlach comes of supporting docu</u> out judgments, mortgages, security a	menis, suc	th as promiseony no	des, purc	hase orders, m	vaices, demized st	informents of
DOCUMENTS. If the documen	nts are not available, explain. If the di	ocuments :	are volumanous, alle	ach a sum	MANY	-	
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USA Commercial A	lertgage Company	Case Number: 00-10736-LBR			
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Specify the priority of the of			ecoured claim, if any 5		
1	to under 11 U.S.C. § 807(a)(1)(A) or (a)(1)(B)		Up to \$5,550° of deposits forces conduct for personal, family, or	rd purchase, least	s or rental of property or
Desire and of he southers	elone (up to \$10,000)", carned within 180 days. Ny padim-ny aosandra d'i Tre debter's Ny -11 IV.B.C. § 807(n)(4).		Terms or panelline award to gov		
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Check this box if dainy inch	ides internet or other charges in addition to th	a injective, t	mount of the claim. Attach day	desirates participant	if all interest or additional charges
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Nov. 4 2006	wayne Dotson by Pet	icy, if any)	ert, CEO	ساكتدوسا	USA CMC

Treety for presenting freedom to plain to a fire of up to \$600,000 or imprisonment for up to 5 years, or best. 10 C.S.C. \$6 162 \$100 3671

Case 06-10725-lbr Claim 1785-1 Filed 01/02/07 Page 1 of 4

***	PROOF OF CLAIM			
Name of Debtor:	Case Nu	_		
(Huntsunk/Westhin Park)	06	-10725 (LBR)		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exp		Check box if you are		
arising after the commencement of the case. A "request" for payment		aware that anyone sise has		
administrative expense may be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:	1	statement giving particulars.		
Ralph E. Worthing + Maryanne H. Wort 443 Arbeles Dr.	iring	Check box If you have		
HAJ AVELPS DE	V	never received any notices from the bankruptcy court or		118 PROOF OF CLAIM FOR A
BISHUP, CA 93514		BMC Group in this case.	SECURED INTE	REST IN A BORROWER THAT IS NOT ESTORS.
Acct. I. D. 2676 Client # 3167		Check box if this address differs from the address on the envelope sent to you by the	If you have all Bankruptcy Cour	ready filed a proof of claim with the t or BMC, you do not need to file again.
Creditor Telephone Number (766) 357-2-2-5	2-1-1-	court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	Gebior:	Check here replace ff this claim amen	a areasiases	y filed claim dated:
1. BASIS FOR CLAIM	Retiree l	penelits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (fill out below)	Other claims against servicer
Services performed Taxes		digits of your SS#:		(not for loan balances)
Money loaned	Unpaid o	compensation for services per	formed from:	to
2. DATE DEBT WAS INCURRED: 4-2-04	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4, CLASSIFICATION OF CLAIM. Check the appropriets box or boxes that				the time case filed.
See reverse side for important explanations,		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box it: a) there is no collateral or lien securing your claim, or b)	your claim	Check this box if yo	our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of yo		a right of setoff).		
entitled to priority. UNSECURED PRIORITY CLAIM (See 9 Hacked 12 of)	Brief description of	-	
Check this box if you have an unsecured claim, all or part of which is	• /	Real Estate L	_ Motor Vehick	Other
entitled to priority.		Value of Collateral:	\$	
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Specify the priority of the claim: OUT COSH TEP ACE by 191 UBS + CV — BUH 195 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Pay _	1 about ou claim, it airy,		
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business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable part	-	
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5. TOTAL AMOUNT OF CLAIM \$ 50 000, OD \$		\$		\$ 50000.00
AT TIME CASE FILED: (unsecured)	(8	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim. Attach itel	mized statement o	of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cred	dited and d	leducted for the purpose of m	aking this proof	of claim.
 SUPPORTING DOCUMENTS: <u>Attach copies of supporting docu-</u> running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the do- 	agreement	s, and evidence of perfection	of lien. DO NO	
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.		• • • • • • • • • • • • • • • • • • • •	•	d envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or	, prevallin	g Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAL TO: BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO	•	
BMC Group Attn: USACM Claims Docketing Center		OR OVERNIGHT DELIVERY TO up CM Claims Docketing Center		
P. O. Box 911	1330 Eas	t Franklin Avenue	•	
El Segundo, CA 90245-0911 DATE SIGN and print the name and title, if any, of the		io, CA 90245		
this states (attach name of names of attach				
12/11/00 Day & Wort - 6	Calmh E	. Worthing		

	PR	OOF OF CLAIM		
Name of Debtor			j	
	Case N			
USA Commercial Mortgage Company	06-10	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>		HUNGUILLE-WEST HILLS	
This form should not be used to make a claim for an administration and	pense	Check box if you are	PARK.	
ansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	ofan	aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY OWED MONEY BY A BORROWER	
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO MOT HAVE TO PILE A PROOF	
1132124203974	10		OF CLAM THIS INCLUDES HONEY FROM THAT	
ZERBO, ANTHONY		Check box if you have never received any notices	BORROWER HELD IN THE COLLECTION ACCOUNT	
780 SARATOGA AVE #S107 SAN JOSE CA 95129		from the benimptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A	
		Check box if this address	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DESTORS.	
		differs from the address on the	If you have already filed a proof of claim with the	
Creditor Telephone Number (44 (405) - 2 44-4662		envelope sent to you by the court.	Bankruptcy Court or BMC, you do not need to file again THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor			
ID#4123 And Acot # 3485		Check here replace or amen	a previously filed claim dated	
1 BASIS FOR CLAIM	Retires I	conefits as defined in 11 U S		
Goods sold Personal injury/wrongful death		salaries, and compensation (f	• • • •	
Services performed Taxes	1	-H-N	(not for ioen belences)	
Money loaned Other (deegtbe prigity)	Linpaid o	ompensation for services per	formed from	
Money loaned Comer (describe briefly) CONTRACT And MISTORIAN SCHOOL SCH	Zlunn	ria overteusia don	(date) (date)	
THE THE PARTY OF THE TAXABLE PROPERTY OF THE PARTY OF THE	BEU	vvki juudileri. Uair o	STANIED A//N	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descri	be your claim and state the amou	nt of the claim at the time case filed	
UNSECURED NONPRIORITY CLAIM S			INTSVILLE-WEST HILLS AH	
Check this box if a) there is no colleteral or lies securing your claim, or b) your claim accords the value of the property securing it, or if c) none or only part of your claim is accuraged by colleteral (including a right of setoff)				
entitled to priority UNSEGURED PRIORITY CLAIM		Brief description of	5	
Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	
entitled to priority		Value of Collateral	\$ 20.870.000.00	
Amount entitled to priority \$		Amount of arrearage and	other charges at time case filed included in	
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	secured claim, if any \$		
Weges, saleries, or commissions (up to \$10,000)*, serned within 180 days	L	Up to \$2,225° of deposits tower services for personal, family, or	d purchase, lease, or rental of property or household use -11 U S C § 507(a)(7)	
Defore thing of the banknintov pattion or cassation of the debtors			mmental units - 11 U 8 C § 507(a)(8)	
business, whichever is earlier - 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			reph of 11 U.S.C. § 507(a) ()	
Communique or an ampoyee parent page - 17 0 8 C 9 50/(8)(6)		*Amounts are subject to adjust	ment on 4/1/07 and every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$	50,5		od on or after the date of edjustment \$ 50,5/6.40.	
AT TIME CASE FILED (unsecured)		and the second s	\$ <u>50,5/6.42</u> (priority) (Total)	
Check this box if claim includes interest or other charges in addition to the	principal s			
6 CREDITS The amount of all payments on this claim has been credit	ited and de	ducted for the purpose of ma	king this proof of clarm	
 SUPPORTING DOCUMENTS <u>Attach cooles of supporting documents</u>, mortgages, security acres in the property of the pr	<u>nents,</u> suc	h as promissory notes, purch	see orders, invoices, itemized statements of	
DOCUMENTS If the documents are not available, explain. If the do 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of yo	ire voluminous, attach a sumi ur claim, enclose a stamped,	nary self-addressed envelope and copy of this	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2005 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and				
BY MAIL TO BY HAND OR OVERDRIGHT DRI IVERY TO				
AM 1984 614 614 614 614 614 614 614 614 614 61	Attn USACM Claims Docketing Center FILED JAN 0 3 2007			
P O Box 911	1330 East	Franklin Avenue	1	
		, CA 90245		
SIGN and print the name and title, if any, of the this claim interior Sign of page Language	STATE OF C	mer person authorized to file	USA CMC	
AUTHORY J. ZE	280		1072501839	